

The City of Bedford Heights
5661 PERKINS ROAD
BEDFORD HEIGHTS, OHIO 44146
PHONE: 440-786-3237 FAX: 440-786-3277



APPLICATION FOR BUILDING PERMIT

DATE: _____ 20 ____

FEE TOTAL: _____

☐ RESIDENTIAL

☐ COMMERCIAL

I, _____ (OWNER) hereby make application for a PERMIT to erect or build a structure as described in this application and the accompanying drawings, which are a part of this application.

LOCATION: _____ P.P.# _____
Being _____ feet front _____ feet rear _____ feet side _____ feet side

Purpose: _____
Occupancy: _____
Wall Construction: _____
Roof Construction: _____
Area; Basement _____ First Floor _____ Second Floor _____
Heating System: _____ Cooling System: _____
Fire Protection System: _____

Estimated Cost: \$ _____

Designed by:

Name: _____ Ohio Registration #: _____
Address: _____
Phone # _____ Fax # _____

General Contractor:

Name: _____ Ohio Registration #: _____
Contact Name: _____
Address: _____
Phone # _____ Fax # _____

The acceptance of the Permit herein applied for shall constitute and agreement on OUR - MY part to abide by all of the conditions herein contained and to comply with Ordinances of the City of Bedford Heights and the laws of the State of Ohio relating to the work to be done thereunder; and said agreement is a condition of said agreement is a condition of said permit.

Owner / Contractor

Date